



PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/664,573-Conf. #4592
	Filing Date	September 17, 2003
	First Named Inventor	Robert F. Schlemmer
	Art Unit	N/A
	Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	Attorney Docket Number	05542/060002

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Notification of Typographical Error Return post card
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	OSHA & MAY L.L.P.		
Signature			
Printed name	Jeffrey S. Bergman		
Date	March 8, 2005	Reg. No.	45,925

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 8, 2005

Signature: (Ava R. Brown)

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Dated: March 8, 2005

Signature:

Ava R. Brown
(Ava R. Brown)

Docket No.: 05542/060002
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Robert F. Schlemmer

Application No.: 10/664,573

Confirmation No.: 4592

Filed: September 17, 2003

Art Unit: 3672

For: MEMBRANE FORMING IN-SITU
POLYMERIZATION FOR WATER BASED
DRILLING FLUID

Examiner: Not Yet Assigned

NOTIFICATION OF TYPOGRAPHICAL ERROR

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In the declaration ("Declaration") filed on January 7, 2004, a typographical error appears under the section "I hereby claim foreign priority under Title 35, United States Code, Section 119(e) of any provisional application(s) for patent..." Specifically, the Declaration should state that priority is claimed from Prior Provisional Application:

60/411,317

09/17/2002

(Number)

(Day/Month/Year Filed)

Evidence of this typographical error may be seen on the first page of the specification as filed. A copy is attached hereto. Applicant hereby notifies the Patent Office of this typographical error. Applicant believes a supplemental declaration is not required. Applicant encloses the replacement sheet including the claim for priority for the previously filed Declaration. Additionally, Applicant hereby requests a corrected Official Filing Receipt showing the correct priority application serial number.

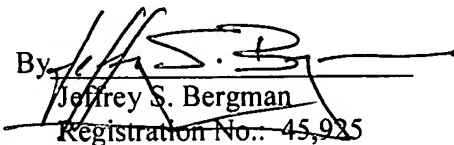
Application No.: 10/664,573

Docket No.: 05542/060002

Applicant believes no petition is necessary with this notification. If this belief is incorrect, please consider this paper as such. If other issues arise, do not hesitate to contact the undersigned or his associates at the telephone number listed below. No fee is believed due. However, please apply any charges not covered, or any credits, to Deposit Account 50-0591 (Reference Number 05542/060002).

Dated: March 8, 2005

Respectfully submitted,

By: 
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